

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/19/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLSTON HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3916 BOYDS BRIDGE PIKE</b> <b>KNOXVILLE, TN 37914</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  During the complaint investigation #TN00028840 and TN00029004 conducted on December 13, 2011, at Holston Health and Rehabilitation Center, no deficiencies were cited for the complaint # 28840 under 42 CFR PART 483.13, Requirements for Long Term Care.	F 000		
F 497 SS=D	The investigation of complaint #TN00029004 resulted in citation of F-497, Nurse Aide Performance Review-12 HR/YR Inservice. <b>483.75(e)(8) NURSE AIDE PERFORM REVIEW-12 HR/YR INSERVICE</b>  The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.  This REQUIREMENT is not met as evidenced by: Based on review of personnel files and interview, the facility failed to ensure one Certified Nursing Assistant (CNA #1) completed the required in-service training.  The findings included:	F 497	1. C.N.A. #1 will no longer be employed at facility. 2. Staffing coordinator will audit C.N.A.s to ensure that all C.N.A.s are current with their 12 hours of education and annual evaluation. All delinquent C.N.A.s will become current or be taken off the schedule. 3. Staffing coordinator will track in-services through the use of Silver Chair web site a computer based learning system. Administrator will ensure timely evaluations by printing an employee roster and checking off as evaluations are placed in their file. 4. DON and Administrator will monitor the Silver Chair reports and employee roster and report results to QA committee on quarterly bases for 2012.	1/27/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*K. McCall*

TITLE

*Adm*

(X6) DATE

*12/30/11*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 497	Continued From page 1  Review of the personnel file revealed CNA #1 was hired by the facility on March 12, 2009. Review of the file revealed the CNA #1 had not attended the required in-services of 12 hours for 2010 or 2011.  Interview with the Staff Development Coordinator (SDC) in the SDC office on December 13, 2011, at 1:41 p.m., confirmed CNA #1 was "delinquent" in the educational requirements stating, "Twelve hours are required and (CNA #1) had completed a HIPPA inservice in 2010 and an Influenza inservice for 2011. Neither of them met the required hours of training. (CNA #1) has been delinquent for last two years ...annual training was due in October 2011 but (CNA #1) has been on suspension since."  Interview with the Director of Nursing in the conference room on December 13, 2011, at 4:10 p.m., confirmed the facility failed to ensure the CNA #1 met the annual educational requirements.	F 497			

JAN 03 2012